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From: Donna G. Schneider , Tel: 719-685-4700, Fax: 719-685-3626

RE: Application Number: **10/684,312**

Applicant: SCHNEIDER, D.G.

Total pages transmitted (including this cover): 6

Please find transmitted herewith the following items(s) related to the above referenced application number:

- (1) Cover
- (2) Fee Transmittal
- (3) Transmittal Form
- (4) Notice of Appeal
- (5) Petition for Extension of Time
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PTO/SB/17 (12-04v2)
 Approved for use through 07/31/2006, OMB 0651-0032
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL **For FY 2005**

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
310.00

Complete if Known

Application Number 10/684,312
 Filing Date 10/10/2003
 First Named Inventor Schneider, D.G.
 Examiner Name S. Gravini
 Art Unit 3749
 Attorney Docket No. DG5001

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)
 50

Each independent claim over 3 (including Reissues)

Small Entity Fee (\$)
 25

Multiple dependent claims

200

360

Total Claims Extra Claims Fee (\$)

- 20 or HP = x Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = x Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (c.g., late filing surcharge): Notice of Appeal one month EOT.

310.00

SUBMITTED BY

Signature Donna Gail Schneider Registration No. (Attorney/Agent) Telephone 719-685-4700
 Name (Print/Type) Donna Gail Schneider Date 10/16/05

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/684,312
	Filing Date	10/10/2003
	First Named Inventor	Schneider, D.G.
	Art Unit	3749
	Examiner Name	S. Gravini
	Attorney Docket Number	DG5001

Total Number of Pages in This Submission 6

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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Name	
Signature	<i>Donna Gail Schneider</i>
Printed name	Donna Gail Schneider - Applicant
Date	October 16, 2005
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